

**Roger A. Harden, MD**  
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**Patient Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Date** \_\_\_\_\_

**ALLERGY MEDICATIONS YOU HAVE TRIED**

*Please place a check next to the ones you have tried. Useful info particularly if you've tried a lot.*

<b>Tablets and liquids</b>	
Claritin/loratidine	
Claritin D	
Allegra/fexofenadine	
Allegra D	
Zyrtec/cetirizine	
Zyrtec D	
Clarinex/desloratidine	
Clarinex D	
Tavist/clemastine	
Atarax/hydroxyzine	
Chlorpheniramine	
<b>Nasal sprays</b>	
Flonase	
Nasonex	
Rhinocort	
Nasacort	
Vancenase/Beconase	
Nasalcrom	
Astelin	
<b>Eye drops</b>	
Patanol	
Acular	
Alocril	
<b>Asthma medications</b>	
Advair	
Flovent	
Asmanex	
Pulmicort	
Asmacort	
Theodur/theophylline	
Intal	
Serevent	
Albuterol/Ventolin/Proventil	
Xopenex	
Atrovent	
Combivent	
Singulair	
<b>Prednisone, Medrol, cortisone shots</b>	

